

CLAIMS ONLY

Application Number

101718359

Filing Date

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							.61		
12							.62		
13							.63		
14							.64		
15							.65		
16							.66		
17							.67		
18							.68		
19							.69		
20							.70		
21							.71		
22							.72		
23							.73		
24							.74		
25							.75		
26							.76	1	1
27							.77		
28							.78	1	1
29							.79		
30							.80	1	1
31							.81		
32							.82	1	1
33							.83		
34							.84		
35							.85		
36							.86		
37							.87		
38							.88		
39							.89		
40							.90		
41							.91		
42							.92		
43							.93		
44							.94		
45							.95		
46							.96		
47							.97		
48							.98		
49							.99		
50							100		
Total Indep	3						Total Indep	4	
Total Depend	9						Total Depend	5	
Total Claims	12						Total Claims	9	

9
21